

Name in Full

Certificate of Death

Leiflore Bourne

19

Town

County

Died at

Henn.

Queen

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept 2

Age

2.11.-

Camp

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's
Name

Jus Bourne

Maiden Name

Mother's

Maud Hulstine

Cause of

Primary

Burns about the abdomen

How long sick

2 days

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Jus & Maud Hulstine

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chester L. H. Bourne 23

Died at ^{Town} Island Creek ^{County} Colver MARYLAND

Date 19 ^{Month} 02 ^{Day} 9 11 Age ^{M.} 23 ^{D.} 03 ^{Native of} Colver ^{Occupation}

Male ~~Female~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower ^{Divorced} ~~Number of children living~~~~

Husband of

Wife

Father's Name

Wm J Bourne ^{Mother's Maiden Name} Maude Hutchens

Cause of Death { Primary cholera dysenteria Immediate } ^{How long sick} 2 days

Accident, Suicide, Homicide

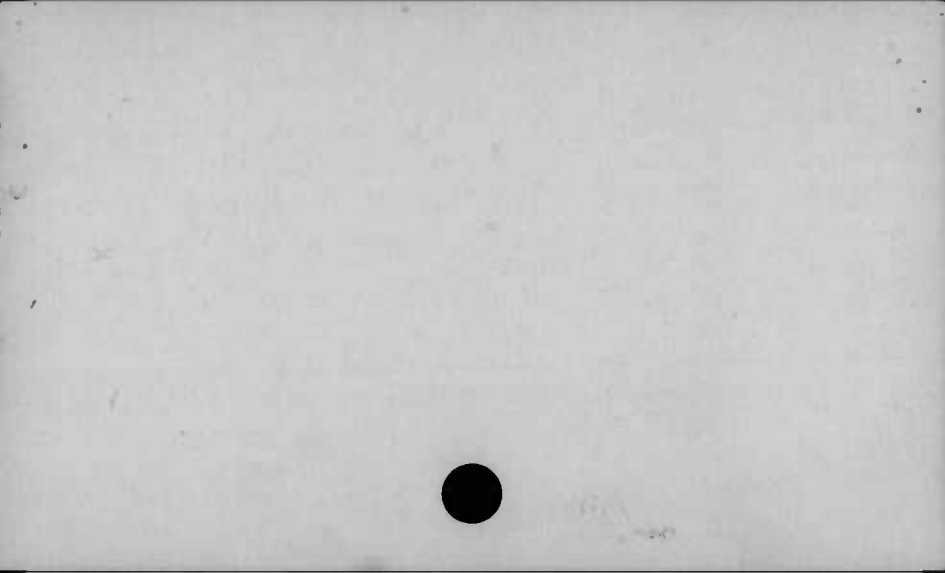
Reported by

Address

John J. Brooks

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Duality Brian Brisco 21

Died at ^{Town} Island Creek^{County} Calvert

MARYLAND

Date 1902 ^{Month} Sept. ^{Day} 12 Age ^{Y.} 14 ^{M.} 9 ^{D.} 9 ^{Native of} Calvert. ^{Occupation}

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Philip Brisco

Mother's
Maiden Name

Rebecca T Duke

Cause of

Primary

Typhoid Fever

How long sick

35 days

Death

Immediate

Exhaustion (Hemorrhage)

Accident, Suicide, Homicide

Reported by

R Brisco

Address

Mutual Ins

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Emma Jane Coates
 Town County
 Mt. Harmony Calvert

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 1

Age

7

Md

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Child of Samuel and Annie Coates
 Samuel Coates Annie Reed

Cause of

Primary

Typhoid Fever

How long sick

14 days

Death

Immediate

Heart Failure

Accident, Suicida, Homicide

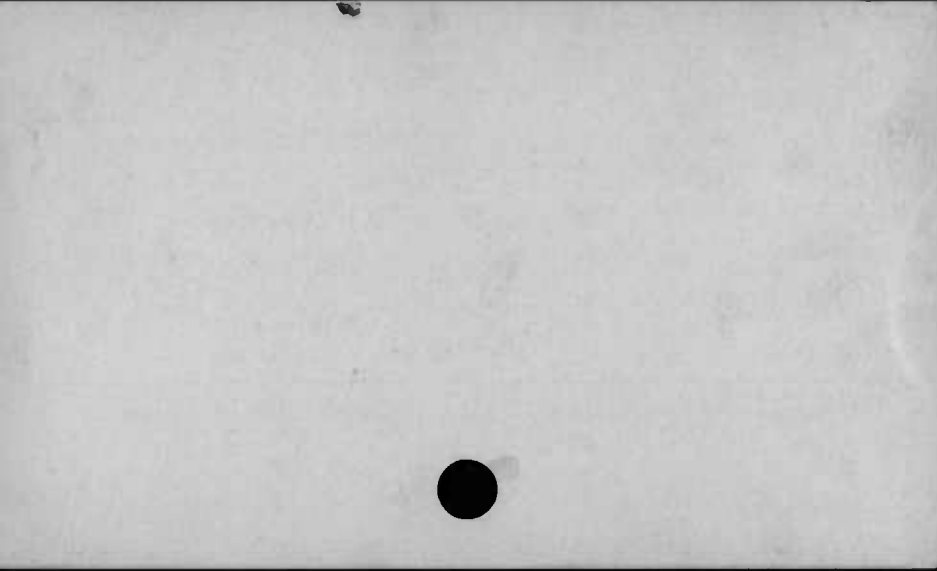
Reported by

Dr J L Bragshaw

Address

Friendship
 Md

Must be signed by physician, if any in attendance, otherwise by coronar, undartaker or ministar.



Name
in
Full

Grace B. Dore

CERTIFICATE OF DEATH

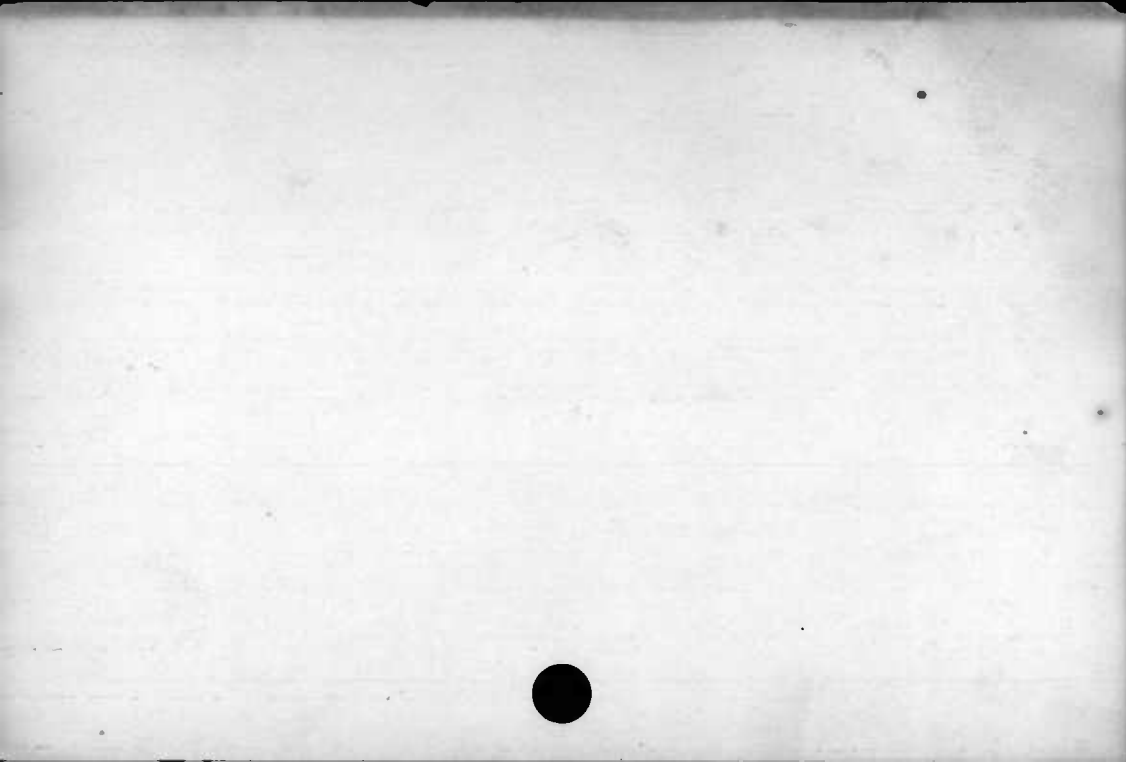
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lo. Marlboro</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept.</i>	Day <i>13</i>	Years <i>0</i>	Months <i>11</i>	Days <i>0</i>
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Lo. Marlboro</i>	
Married Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Alexander Dore</i>			Father's Birthplace <i>Calvert Co.,</i>		
Mother's Maiden Name <i>Rachel Dornes</i>			Mother's Birthplace <i>Calvert Co.</i>		
Name of person giving information <i>Alexander Dore</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Improper food</i>	How long <i>3 or 4 months</i>
Immediate <i>Marasmus</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Himmman</i>
	Address <i>Lo. Marlboro, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

20

MARYLAND

Died at

Date 19

02

Male

~~Female~~

Month

Day

Sept 8

Age

03

Married

Single

Y.

M.

D.

~~Widow~~~~Widower~~

Native of

Cumb.

Divorced

Number of children living

Occupation

Husband
of

Wife

Father's

Name

a a Gray

Mother's

Maiden Name

Sarah E Brook

Cause of

Primary

Infantile cramps.

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

John L Brooks

Address

Mutual

Underwood

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Katherine Elizabeth Gray

24

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Princ. Frederick* ^{County} *Calvert*Date of death 1902 ^{Month} *Sept.* ^{Day} *23* ^{Years} *—* ^{Months} *3* ^{Days} *16*Sex *Female* Color or Race *White* Birth-place *Pr. Frederick*Married, Single or Widowed *—* Occupation *—*Name of Wife or Husband *—*Father's Name *John B. Gray* 105 Father's Birthplace *Calvert Co. Md.*Mother's Maiden Name *Kate L. Dorsey* Mother's Birthplace *" " "*Name of person giving Information *Father* How related to deceased *—*

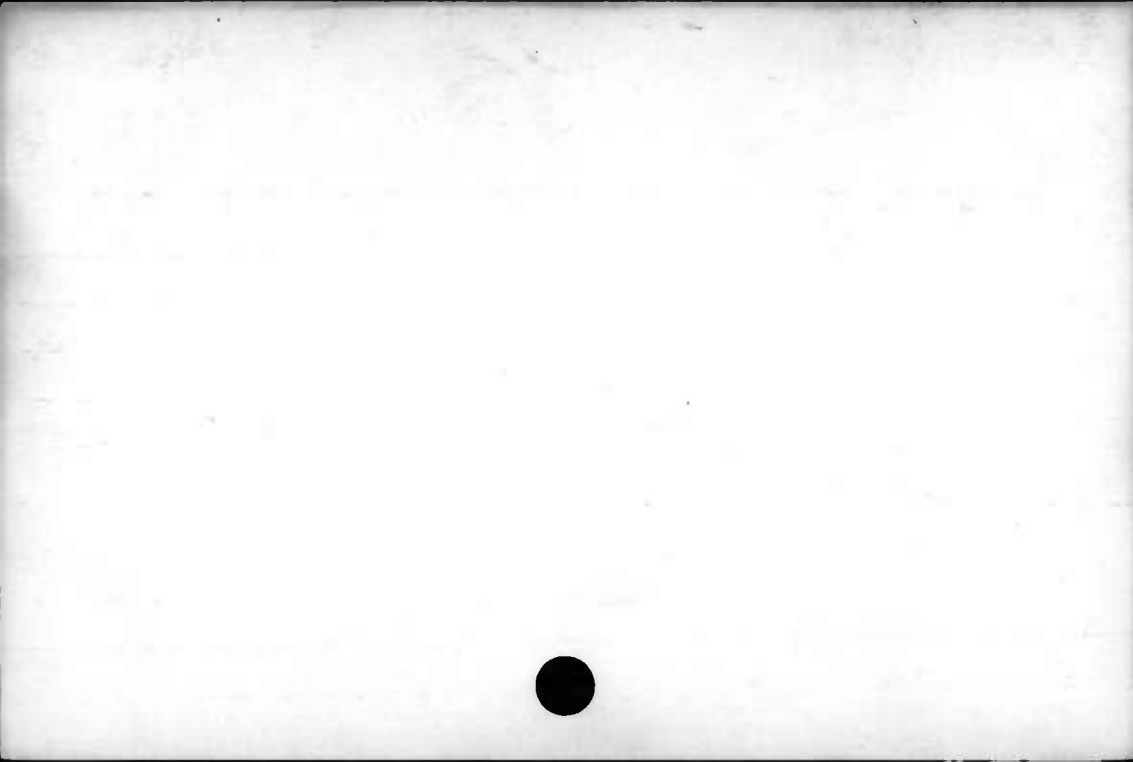
CAUSES OF DEATH

Primary *Acute Intestinal Indigestion* How long *4 days*Immediate *Acute Diarrhoea* How long *8 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. W. King*

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Died at

Pinky Grass
Town Sherburne County

MARYLAND

Date 19

02

Month

Day

Sept 27

Y.

M.

D.

Age

29

Native of

Calvert

Occupation

housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

on

Husband

of

Albert Grass

Wife

Father's

Name

Henry Brown

Mother's

Maiden Name

Elza

Lengless
Bridges

Cause of

Primary

How long sick

2 years

Death

Immediate

Consumption of

Accident, Suicide, Homicide

Reported by

W H Hutchins

Address

Adelphia

Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

18

Town

County

MARYLAND

Died at

Balti

Calvert

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Sept 13

Age

44

Calvert

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

John J. Brooks

179

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elihu Hordesty

CERTIFICATE OF DEATH.

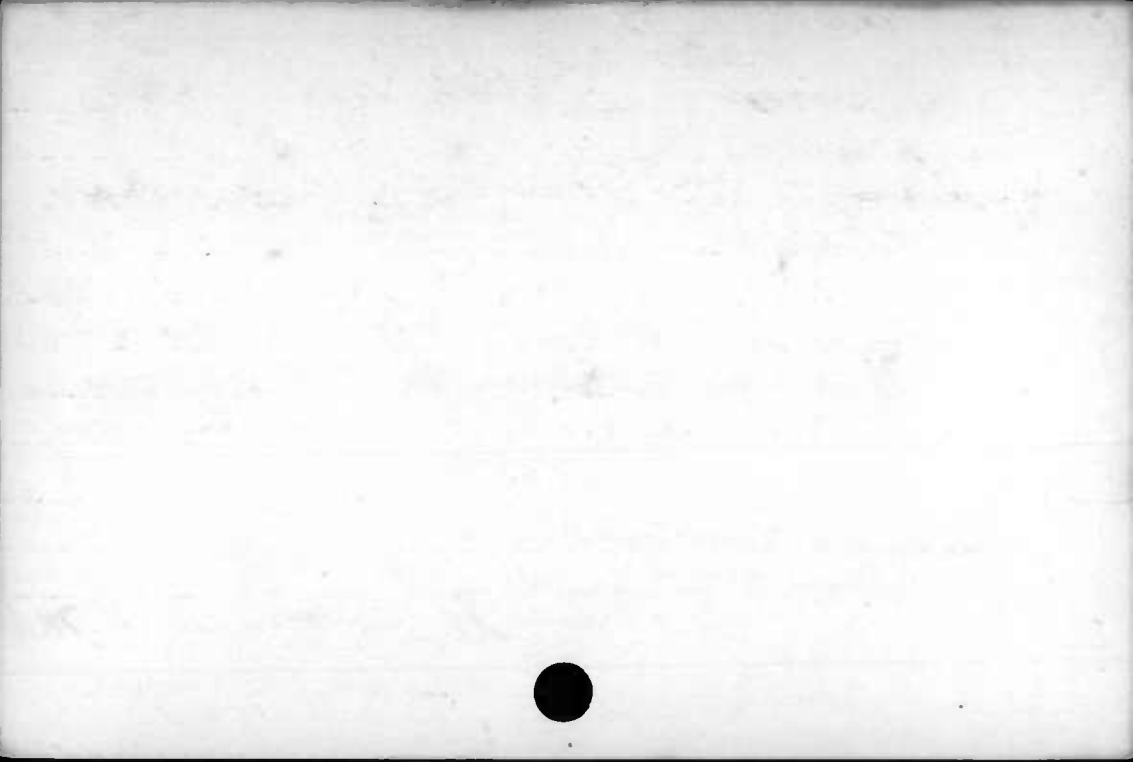
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept.</i>	Day <i>9</i>	Age	Months <i>5</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cal. Co.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>James R. Hordesty</i>			Father's Birthplace <i>Cal. Co.</i>		
Mother's Maiden Name <i>Rosie Gons</i>			Mother's Birthplace " "		
Name of person giving information <i>J. R. Hordesty</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bottle feeding</i>	How long	<i>105</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Leitelt</i>	
		Address <i>Huntingtown Md.</i>	
Accident or Suicide?			



Name
in
FullJoseph Elmer Hill
Olinch Town Calvert County

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1902

Month

Sept

Day

27

Age

Years

—

Months

5

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Calvert Co

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Geo. W. Hill

105

Father's
Birthplace

Calvert Co.

Mother's
Maiden Name

Nannie L. Coombs

Mother's
Birthplace

Sh. Mary Co

Name of person giving
in formation

Nannie L. Hill

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Gastro-Enterocolitis

How long

4 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

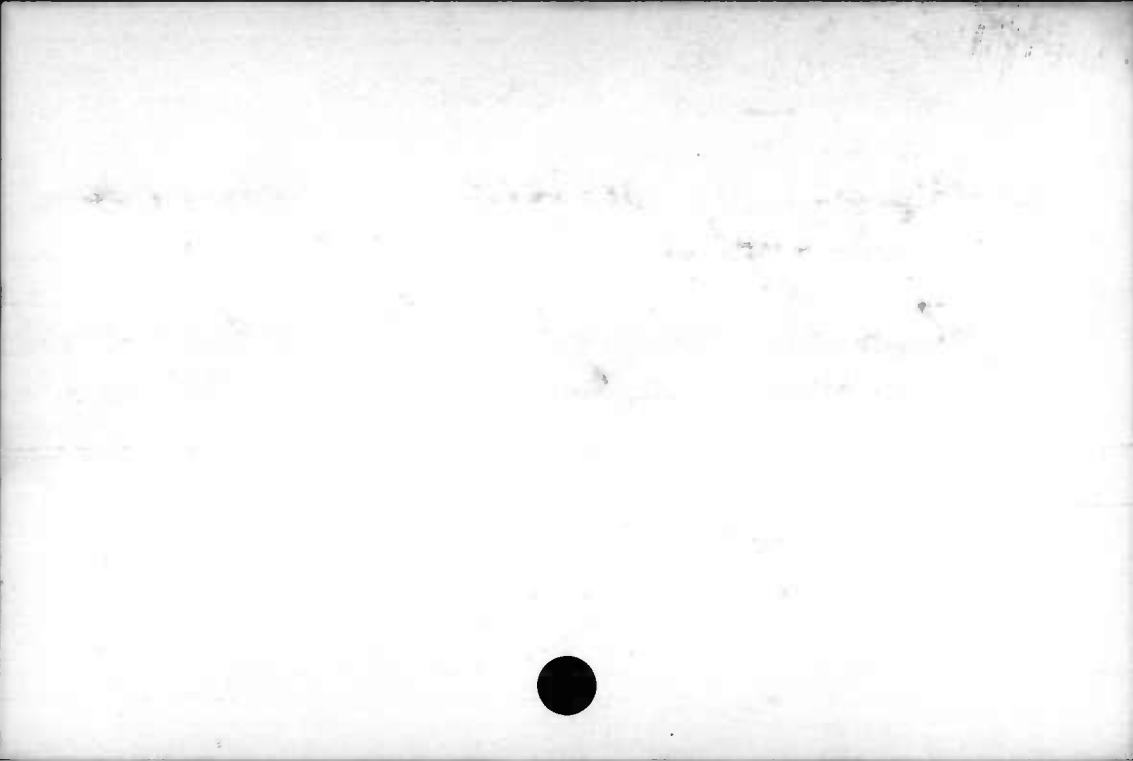
Geo. F. Chambers, M.D.

Address

Bertha, Calvert Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Burrsguard Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at St Leonards ^{Town} Calvert ^{County}

Date of death 190 2 ^{Month} Sept ^{Day} 2 ^{Years} — ^{Months} — ^{Days} 14

Sex Male Color or Race White Birth-place Maryland

Married, Single or Widowed Single Occupation —

Name of Wife or Husband

Father's Name Leonard Edw. Long ¹⁰⁵

Father's Birthplace Calvert Co

Mother's Maiden Name Mary Magdalen Brown

Mother's Birthplace Calvert Co

Name of person giving information Rosa E. Gray

How related to deceased Aunt

CAUSES OF DEATH

Primary Epilepsy How long one week

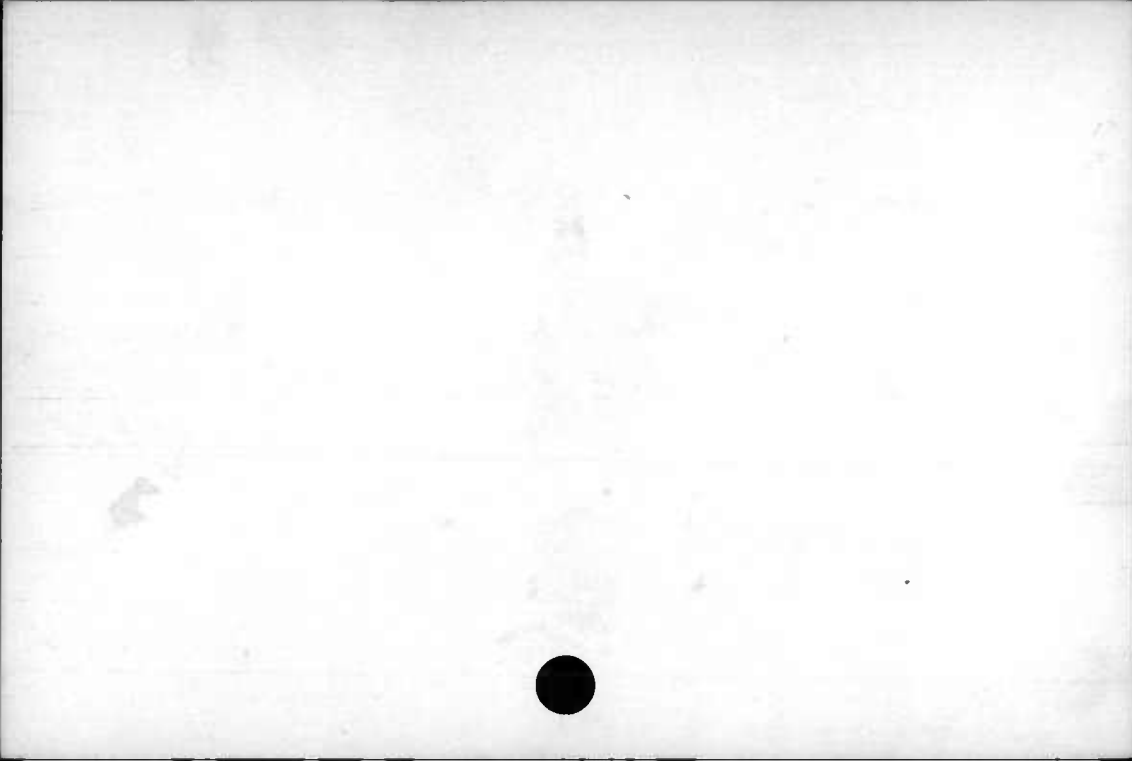
Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. Chambers MD

Address Porter, Md

Accident or Suicide?



Name in Full

Certificate of Death

Chesney Mason

17

Died at

Town

County

Hellen No. Cabert

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 12

Age

93

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband
of

Wife

Father's
Name

Peter Wilson

Mother's

Maiden Name

Reckel Ross

Cause of

Primary

Sudden decay

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

John J. Brooks

154

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

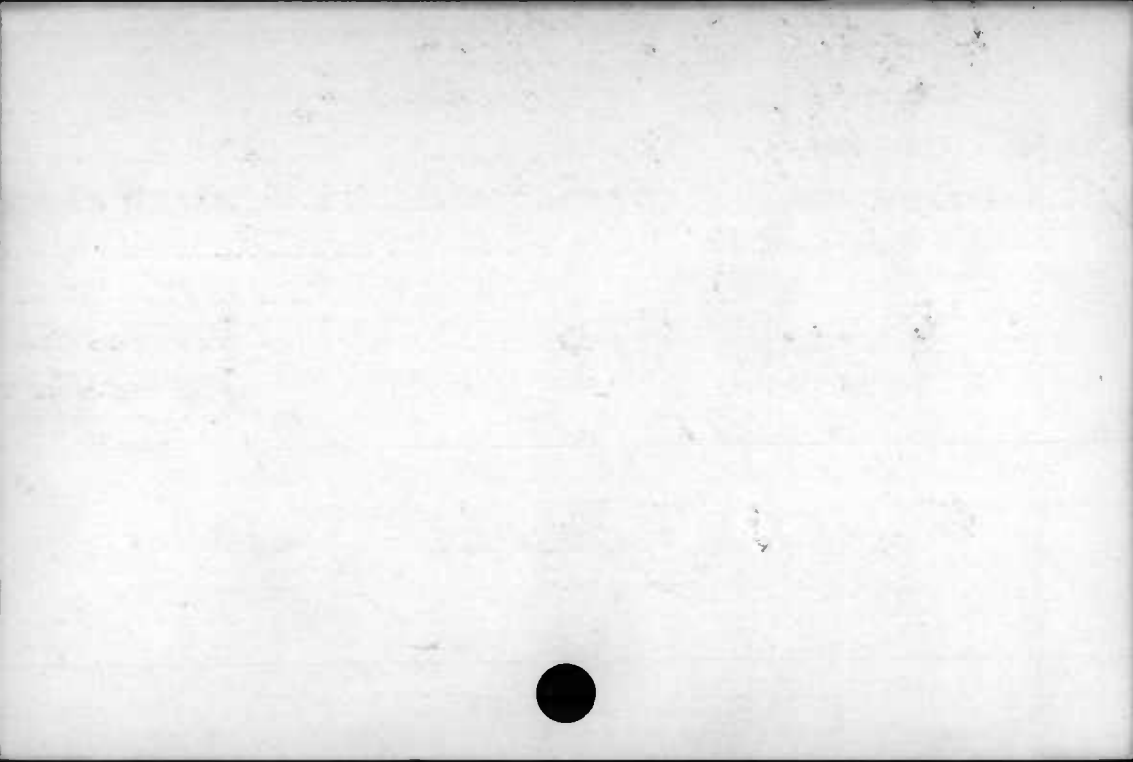
Died at <i>Solomons</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	<i>September</i> ^{Month}	<i>15</i> ^{Day}	Age <i>27</i> ^{Years}	<i>11</i> ^{Months}	<i>16</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Solomons, Md</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>Edward McShane</i>					
Father's Name <i>James M. Tolson</i>			Father's Birthplace <i>New Anne's Co Md</i>		
Mother's Maiden Name <i>Annie E Long</i>			Mother's Birthplace <i>York, Pa</i>		
Name of person giving information <i>James M. Tolson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Phthisis</i>	How long <i>8 weeks.</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Marsh,</i>
	Address <i>Solomons,</i>
	<i>Md.</i>

~~Acute Phthisis?~~



Name
in
Full

Thomas Monette

CERTIFICATE OF DEATH

Died at ^{Town} Adelina^{County} Calvert

MARYLAND

Date of death 1902 ^{Month} Sept^{Day} 14Age ^{Years} 40^{Months}^{Days}

Sex male

Color or Race white

Birth-place Calvert County

Married, Single or Widowed

Occupation Farmer

Name of Wife or Husband Fannie L Monett

Father's Name Denis Monett

Father's Birthplace Calvert County

Mother's Maiden Name Sallie Bower

Mother's Birthplace Calvert County

Name of person giving information Wm H Hutchins

How related to deceased Cousin

CAUSES OF DEATH

Primary Military Tuberculosis

How long 3 Yr

Immediate

How long

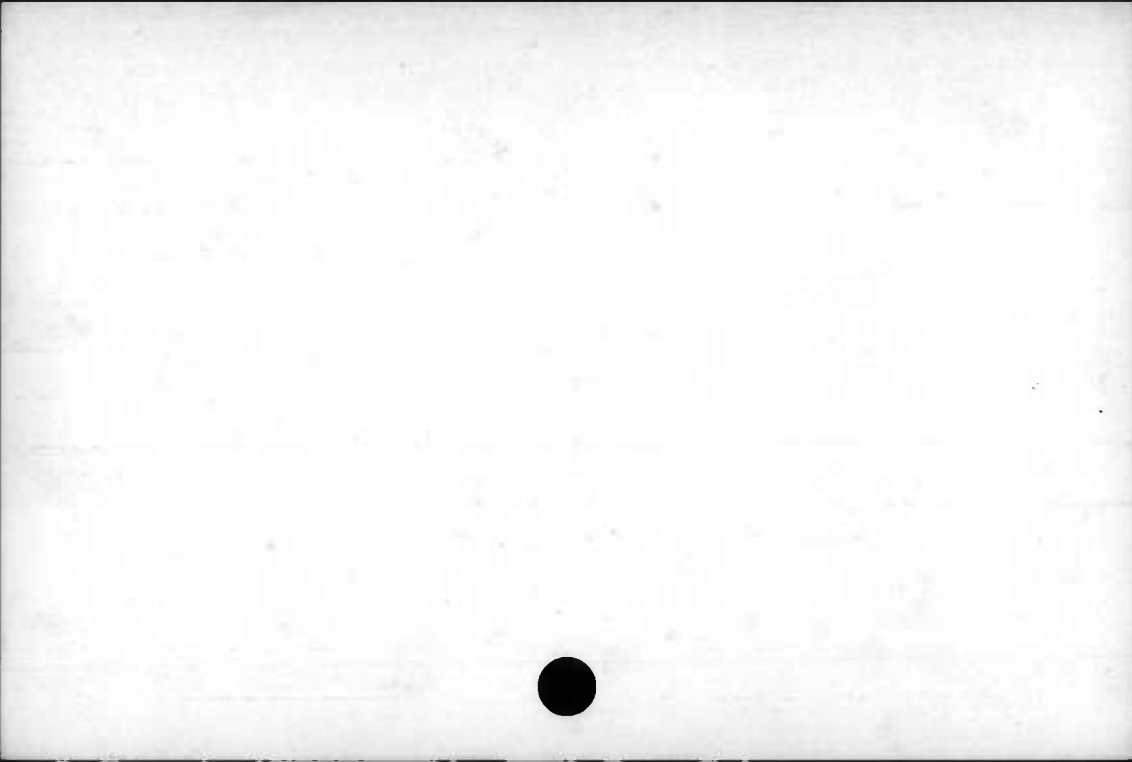
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. N. King

Address Barstow Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Kate W. Pitcher

CERTIFICATE OF DEATH

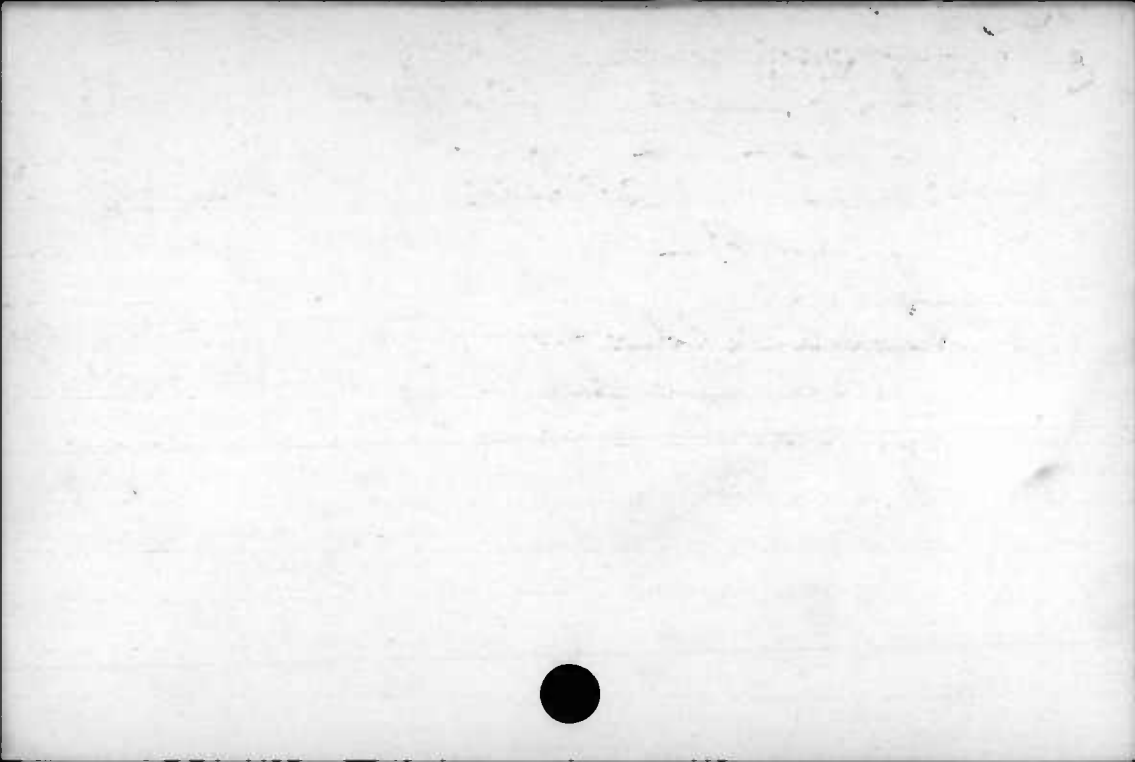
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shelburne</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death 190	<i>2</i> Month	<i>3</i> Day	Age <i>39</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>Housewife</i>		
Name of Wife or Husband			<i>William J. Pitcher</i>		
Father's Name			<i>Jas. J. Chambers</i>		
Mother's Maiden Name			<i>Mary E. Ellis</i>		
Name of person giving information			<i>Jas. J. Pitcher</i>		
Father's Birthplace			<i>Calvert Co</i>		
Mother's Birthplace			<i>Pa</i>		
How related to deceased			<i>Brother-in-law</i>		

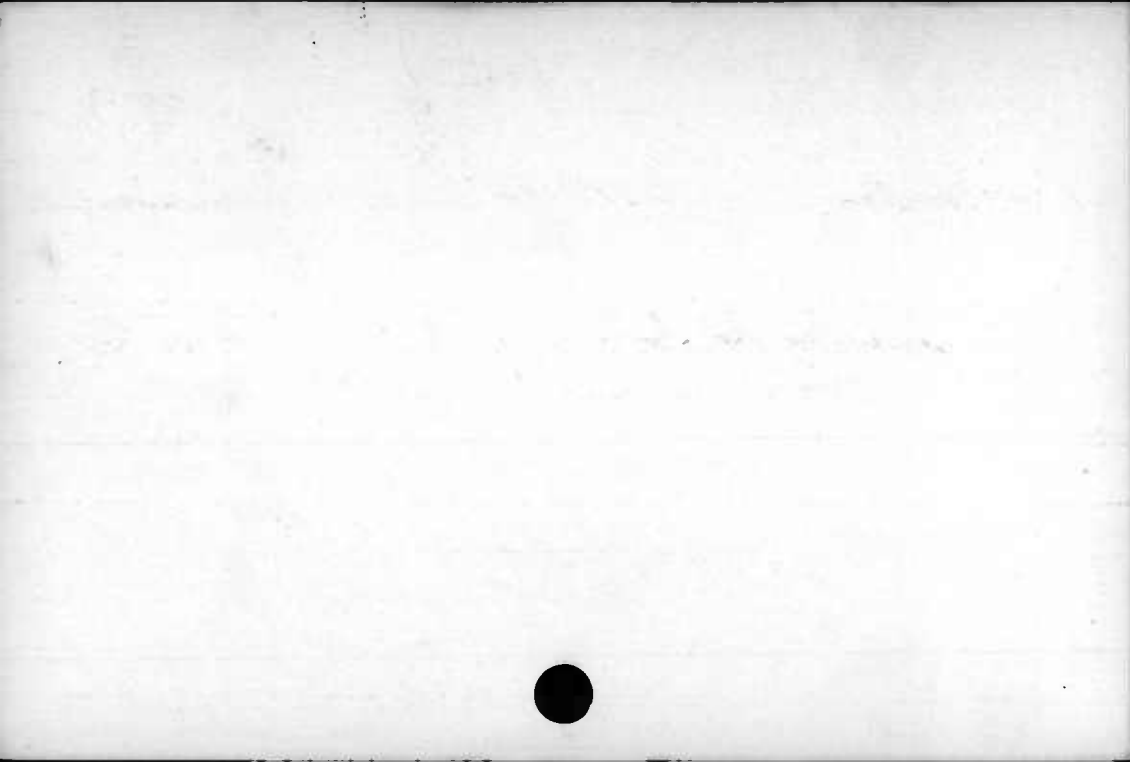
CAUSES OF DEATH

PHYSICIAN
OR CORONER

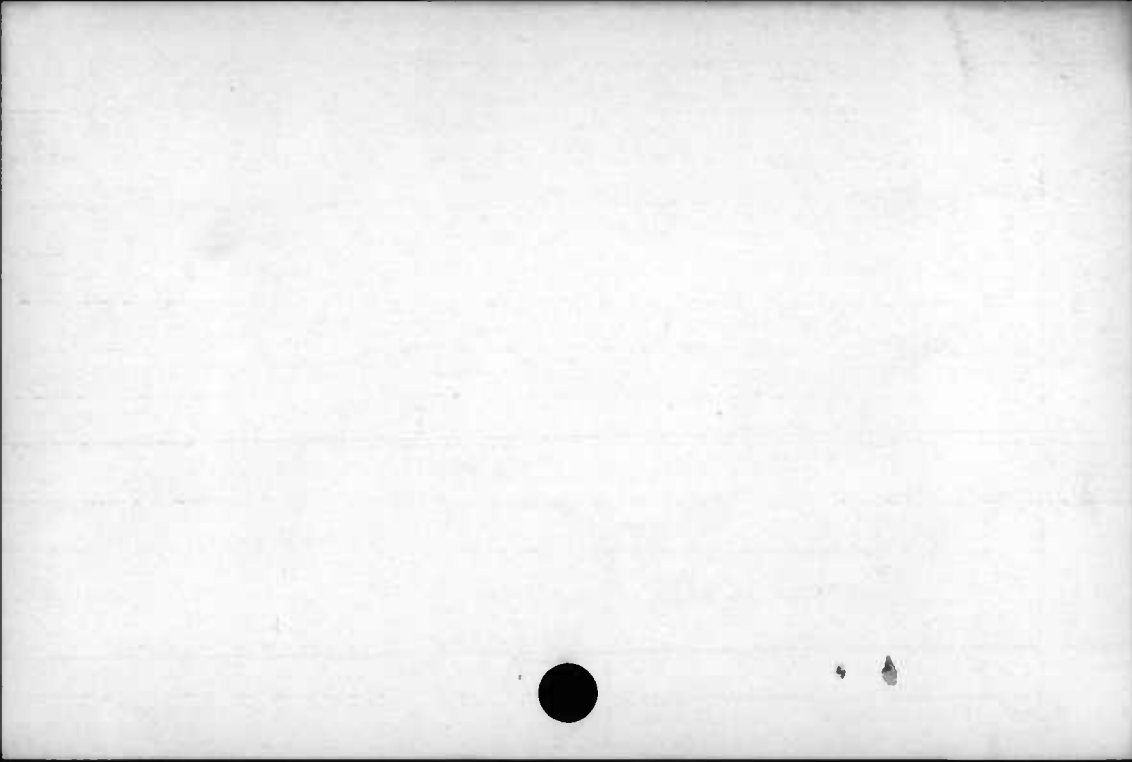
Primary	<i>Tuberculosis</i>	How long	<i>about one year</i>
Immediate	<i>Chancion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>E. J. Chambers MD</i>	
Address		<i>Bertha Calvert Co</i>	
Accident or Suicide?			



Name in Full		<i>Arnold Super</i>				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Huntingtown</i> ^{Town}			<i>Calvert</i> ^{County}			MARYLAND		
	Date of death 1902 <i>Sept</i> ^{Month}		<i>7</i> ^{Day}		Age <i>4</i> ^{Years}		Months <i>4</i>		Days
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cal. Co.</i>				
	Married, Single or Widowed				Occupation				
	Name of Wife or Husband								
	Father's Name <i>Ernest L. Super</i>				Father's Birthplace <i>Cal. Co.</i>				
	Mother's Maiden Name <i>Fannie Gibson</i>				Mother's Birthplace <i>Cal. Co.</i>				
Name of person giving information <i>E. L. Super</i>				<i>105</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary <i>Improper feeding</i>				How long <i>4 months</i>				
	Immediate <i>Acute Indigestion</i>				How long <i>24 hours</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. W. Leitch</i>				
					Address <i>Huntingtown Md.</i>				
	Accident or Suicide?								



Name in Full		Mary H. Taylor				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town			County			MARYLAND	
		Died at			Calvert				
		Date of death 1901		Month		Day		Years	
		Sept.		5		Age		Months	
		Sex		Color or Race		Birth-place		Days	
		Female		African		Calvert Co.			
		Married, Single or Widowed		Occupation					
		Single		Chambermaid					
Name of Wife or Husband									
Father's Name		James Taylor				Father's Birthplace			
						Calvert Co.			
Mother's Maiden Name		Charlotte Parker				Mother's Birthplace			
						" "			
Name of person giving information		Wesley Ray				How related to deceased			
						None			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Typhoid Fever				2 mo. 2 wks. 4 days			
		Immediate				How long			
		Colitis				3 days			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. H. Newman			
				Address		Co. Marlboro, Md.			
Accident or Suicide?		No							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sophia A. Tucker</i>		Town <i>Blues</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Blues Rt.</i>		Date of death 1902		Month <i>Sept</i>		Day <i>19</i>	
Age <i>89</i>		Years <i>89</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cal. Co.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation					
Name of Wife or Husband <i>Not obtainable</i>							
Father's Name <i>"</i>		Father's Birthplace <i>"</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Edward Cox</i>		How related to deceased <i>Grand Son</i>		<i>154</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>		How long <i>7 old</i>	
Immediate <i>age</i>		How long <i>1 month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Leitch</i>	
		Address <i> Huntingtown Md.</i>	
Accident or Suicide?			

